

Attachment A – Information-to-Business Drivers Matrix

Business Drivers Key External Factors	Strategic Objectives	Information Needs
<p>PUBLIC PURCHASER</p> <p>HCFA has established a business goal to <i>purchase the best value health care for beneficiaries</i>.</p>	<p>CS-5: Ensure that programs and services respond to the health care needs of beneficiaries.</p> <p>PA-2: Enhance program safeguards.</p> <p>PA-3: Maintain and improve HCFA's position as a prudent program administrator and an accountable steward of public funds.</p>	<p>IN-1: Knowledge about beneficiary characteristics, needs, and awareness is essential, as HCFA plans to assess beneficiaries' functional status over time, conducting extensive beneficiary education programs, and reaching vulnerable populations.</p> <p>IN-3: Cost and financial data, such as that related to policies and programs, interventions and outcomes, and health care service delivery, is key to evaluating health care plan financing options and overall health system expenditure trends.</p> <p>IN-5: Knowledge of customer expectations and satisfaction is necessary to assess the ongoing effectiveness of HCFA programs and the improvement of beneficiary health.</p> <p>IN-6: Integrated health information, from a variety of sources, supported by common data exchange standards is necessary to:</p> <ul style="list-style-type: none"> • Provide consumer information on health care plan and provider options, including comparative data on services, cost, and quality of care. • Support comparative population and practice studies that require connection of service providers and patient episodes, or require combination of clinical, survey, and other types of data. • Support analysis across Medicare, Medicaid, and Child Health populations.

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<p><i>PARTNERSHIPS</i></p> <p>HCFA accomplishes its mission by working with and through a complex network of organizations, which includes other Federal agencies, States, Tribes, providers, etc.</p>	<p>CS-4: Increase the usefulness of communications with constituents, partners, and stakeholders.</p> <p>PA-1: Build a high-quality, customer-focused team.</p>	<p>IN-5: Knowledge of customer expectations and satisfaction is necessary to assess the ongoing effectiveness of HCFA programs and the improvement of beneficiary health.</p> <p>IN-8: Workforce skills, training needs, and satisfaction; required competencies; and industry trends and developments in the human resource management field are necessary to development and maintenance of an effective, customer-focused team.</p>
<p><i>MILLENNIUM COMPLIANCE</i></p> <p>HCFA and its contractors employ a variety of computer hardware and software systems to support its mission of providing health care for its beneficiaries. These systems need to be able to process correctly before and after December 31, 1999, in order to avoid disruptions in programs' payments, and in order to sustain key information reporting requirements.</p>	<p>PA-5: Improve HCFA's management of information systems/technology.</p>	<p>IN-9: Knowledge of both IT trends and best practices is necessary to enable effective management of IT investment contracts and ensure appropriate use of technology.</p>

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<p>NEW STATUTORY MANDATES</p> <p>Enactment of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Balanced Budget Act (BBA) in 1997 have made significant changes to the statutory framework within which HCFA operates.</p> <p>Enactment of the Clinger-Cohen Act of 1996 requires the HCFA IT organization to better support the Agency's mission and objectives, and to improve program performance through the appropriate use of information technology.</p>	<p>CS-2: Enhance beneficiary program protections.</p> <p>CS-3: Increase the usefulness of communications with beneficiaries.</p> <p>CS-4: Increase the usefulness of communications with constituents, partners, and stakeholders.</p> <p>QC-1: Improve health outcomes.</p> <p>QC-2: Improve access to services for underserved and vulnerable beneficiary populations.</p> <p>QC-3: Protect beneficiaries from substandard care.</p> <p>PA-2: Enhance program safeguards.</p> <p>PA-5: Improve HCFA's management of information systems/technology.</p>	<p>IN-1: Knowledge about beneficiary characteristics, needs, and awareness is essential, as HCFA plans to assess beneficiaries' functional status over time, conducting extensive beneficiary education programs, and reaching vulnerable populations.</p> <p>IN-4: Outcome and assessment data is crucial to HCFA's ability to evaluate different service delivery models, specific intervention strategies, population and setting trends, and population impact of program changes.</p> <p>IN-5: Knowledge of customer expectations and satisfaction is necessary to assess the ongoing effectiveness of HCFA programs and the improvement of beneficiary health.</p> <p>IN-6: Integrated health information, from a variety of sources, supported by common data exchange standards is necessary to:</p> <ul style="list-style-type: none"> • Provide consumer information on health care plan and provider options, including comparative data on services, cost, and quality of care • Support comparative population and practice studies that require connection of service providers and patient episodes, or require combination of clinical, survey, and other types of data. • Support analysis across Medicare, Medicaid, and Child Health populations. <p>IN-9: Knowledge of both IT trends and best practices is necessary to enable effective management of IT</p>

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		investment contracts and ensure appropriate use of technology.
<p>PROGRAM INTEGRITY</p> <p>The size and scope of HCFA's programs necessitate an emphasis on prevention and on detection of waste, fraud and abuse.</p>	<p>CS-2: Enhance beneficiary program protections.</p> <p>QC-3: Protect beneficiaries from substandard care.</p> <p>PA-2: Enhance program safeguards.</p>	<p>IN-4: Outcome and assessment data is crucial to HCFA's ability to evaluate different service delivery models, specific intervention strategies, population and setting trends, and population impact of program changes.</p> <p>IN-6: Integrated health information, from a variety of sources, supported by common data exchange standards is necessary to:</p> <ul style="list-style-type: none"> • Provide consumer information on health care plan and provider options, including comparative data on services, cost, and quality of care • Support comparative population and practice studies that require connection of service providers and patient episodes, or require combination of clinical, survey, and other types of data. • Support analysis across Medicare, Medicaid, and Child Health populations.
<p>CHANGES IN HEALTH CARE DELIVERY</p> <p>Growth of managed care delivery arrangements in 1990's has been significant; more than 100M people are</p>	<p>QC-1: Improve health outcomes.</p> <p>QC-2: Improve access to services for underserved and vulnerable beneficiary populations.</p> <p>PA-4: Increase public knowledge of the financing and delivery of health care.</p>	<p>IN-1: Knowledge about beneficiary characteristics, needs, and awareness is essential, as HCFA plans to assess beneficiaries' functional status over time, conducting extensive beneficiary education programs, and reaching vulnerable populations.</p> <p>IN-4: Outcome and assessment data is crucial to HCFA's ability to evaluate different service delivery</p>

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<p>now enrolled in some form of managed care; uninsured and underinsured populations are growing due to rising costs of employer-based health insurance benefit plans.</p>		<p>models, specific intervention strategies, population and setting trends, and population impact of program changes.</p> <p>IN-6: Integrated health information, from a variety of sources, supported by common data exchange standards is necessary to:</p> <ul style="list-style-type: none"> • Provide consumer information on health care plan and provider options, including comparative data on services, cost, and quality of care • Support comparative population and practice studies that require connection of service providers and patient episodes, or require combination of clinical, survey, and other types of data. • Support analysis across Medicare, Medicaid, and Child Health populations. <p>IN-7: User-empowering, Internet-based access to HCFA information, data, and metadata assets.</p>
<p>TECHNOLOGICAL ADVANCES</p> <p>Medical technology is evolving and unfolding more rapidly than ever; it is changing the nature and delivery of health care. Technological advances and supporting procedures are one of the primary reasons that health care costs have</p>	<p>CS-5: Ensure that programs and services respond to the health care needs of beneficiaries.</p> <p>QC-1: Improve health outcomes.</p>	<p>IN-1: Knowledge about beneficiary characteristics, needs, and awareness is essential, as HCFA plans to assess beneficiaries' functional status over time, conducting extensive beneficiary education programs, and reaching vulnerable populations.</p> <p>IN-4: Outcome and assessment data is crucial to HCFA's ability to evaluate different service delivery models, specific intervention strategies, population and setting trends, and population impact of program changes.</p>

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<p>risen faster than the consumer price index.</p>		<p>IN-5: Knowledge of customer expectations and satisfaction is necessary to assess the ongoing effectiveness of HCFA programs and the improvement of beneficiary health.</p>
<p>DEMOGRAPHIC CHANGES</p> <p>Steady improvement in life expectancy is expected to result in major increases in the number of older persons relative to those of working age. A substantial proportion of the future aged population will require medical care. Payroll tax revenues will not keep pace with expected Medicare expenditures.</p>	<p>PA-3: Maintain and improve HCFA's position as a prudent program administrator and an accountable steward of public funds.</p>	<p>IN-3: Cost and financial data, such as that related to policies and programs, interventions and outcomes, and health care service delivery, is key to evaluating health care plan financing options and overall health system expenditure trends.</p>

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<p>FOCUS ON BENEFICIARIES</p> <p>Emphasis on accountability/ stewardship and a renewed focus on the “customer” due to varied initiatives, such as those related to HCFA Strategic Plan begun in 1994, Government Performance and Results Act, and other DHHS and government-wide initiatives</p>	<p>CS-1: Improve beneficiary satisfaction with programs, services and care.</p> <p>CS-2: Enhance beneficiary program protections.</p> <p>CS-3: Increase the usefulness of communications with beneficiaries.</p> <p>CS-5: Ensure that programs and services respond to the health care needs of beneficiaries.</p> <p>QC-1: Improve health outcomes.</p> <p>QC-2: Improve access to services for underserved and vulnerable beneficiary populations.</p> <p>QC-3: Protect beneficiaries from substandard care.</p>	<p>IN-1: Knowledge about beneficiary characteristics, needs, and awareness is essential, as HCFA plans to assess beneficiaries' functional status over time, conducting extensive beneficiary education programs, and reaching vulnerable populations.</p> <p>IN-4: Outcome and assessment data is crucial to HCFA's ability to evaluate different service delivery models, specific intervention strategies, population and setting trends, and population impact of program changes.</p> <p>IN-5: Knowledge of customer expectations and satisfaction is necessary to assess the ongoing effectiveness of HCFA programs and the improvement of beneficiary health.</p> <p>IN-6: Integrated health information, from a variety of sources, supported by common data exchange standards is necessary to:</p> <ul style="list-style-type: none"> • Provide consumer information on health care plan and provider options, including comparative data on services, cost, and quality of care • Support comparative population and practice studies that require connection of service providers and patient episodes, or require combination of clinical, survey, and other types of data. • Support analysis across Medicare, Medicaid, and Child Health populations.

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<p>HCFA MANAGEMENT</p> <p>Since HCFA's establishment in 1977, the Agency's statutory responsibilities have grown beyond administration of Medicare and Medicaid to include responsibility for Federal oversight of clinical laboratories, oversight of Medigap insurance, oversight of health insurance regulation for individuals and small groups, and to expand health insurance coverage to low-income children.</p>	<p>CS-4: Increase the usefulness of communications with constituents, partners, and stakeholders.</p> <p>PA-1: Build a high-quality, customer-focused team.</p> <p>PA-2: Enhance program safeguards.</p> <p>PA-3: Maintain and improve HCFA's position as a prudent program administrator and an accountable steward of public funds.</p> <p>PA-4: Increase public knowledge of the financing and delivery of health care.</p> <p>PA-5: Improve HCFA's management of information systems/technology.</p>	<p>IN-3: Cost and financial data, such as that related to policies and programs, interventions and outcomes, and health care service delivery, is key to evaluating health care plan financing options and overall health system expenditure trends.</p> <p>IN-5: Knowledge of customer expectations and satisfaction is necessary to assess the ongoing effectiveness of HCFA programs and the improvement of beneficiary health.</p> <p>IN-6: Integrated health information, from a variety of sources, supported by common data exchange standards is necessary to:</p> <ul style="list-style-type: none"> • Provide consumer information on health care plan and provider options, including comparative data on services, cost, and quality of care • Support comparative population and practice studies that require connection of service providers and patient episodes, or require combination of clinical, survey, and other types of data. • Support analysis across Medicare, Medicaid, and Child Health populations. <p>IN-7: User-empowering, Internet-based access to HCFA information, data, and metadata assets.</p> <p>IN-8: Workforce skills, training needs, and satisfaction; required competencies; and industry trends and developments in the human resource management field are necessary to development and maintenance of an effective, customer-focused team.</p>

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